

Iowa Department of Human Services

Offer #401-HHS-011: Mental Health Institutes

Contact Information: Sally Titus, stitus@dhs.state.ia.us, (515) 281-6360

This offer is for:		This offer includes the following appropriations:
	New activity	Cherokee MHI, Clarinda MHI, Independence MHI,
X	Status quo existing activity	Mount Pleasant MHI, General Administration
	Improved existing activity	

Result(s) Addressed:

Primary Results:

- **Provide access to acute in-patient psychiatric treatment services to children, adolescents and adults**
 - All Iowans have access to quality care
 - Improving the health care system
 - Ensure availability and quality of medical and health providers
- **Provide access to dual diagnosis residential substance abuse treatment services**
 - All Iowans have access to quality care
 - Improving the health care System
 - Ensure availability and quality of medical and health providers
- **Provide access to acute in-patient psychiatric treatment services to geriatric adults**
 - All Iowans have access to quality care
 - Improving the health care system
 - Ensure availability and quality of medical and health providers
- **Provide access to sub-acute in-patient psychiatric treatment services to children (PMIC)**
 - All Iowans have access to quality care
 - Improving the health care system
 - Ensure availability and quality of medical and health providers
- **Provide post-graduate training to Physician Assistants (PA) and Advanced Registered Nurse Practitioners (ARNP)**
 - Improving the health care system
 - Ensure availability and quality of medical and health providers

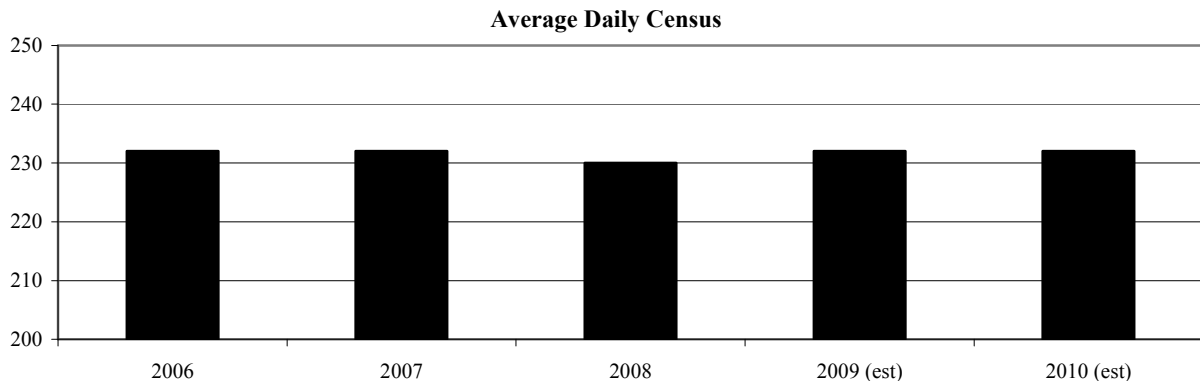
Program Description:

Who:

The four Mental Health Institutes (MHIs), located in Cherokee, Independence, Clarinda, and Mount Pleasant, provide critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and provide specialized mental health related services. The specialized services include substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institute for children (PMIC), and long-term psychiatric care for the elderly (geropsychiatric). The MHIs serve both voluntarily and involuntarily admitted persons.

In SFY 2008, the MHIs provided the following services to the following number of individuals:

Adults	829
Children and Adolescents	417
PMIC	186
Dual Diagnosis	120
Geropsychiatric	51
Substance Abuse	523
<i>Total</i>	2,126



What:

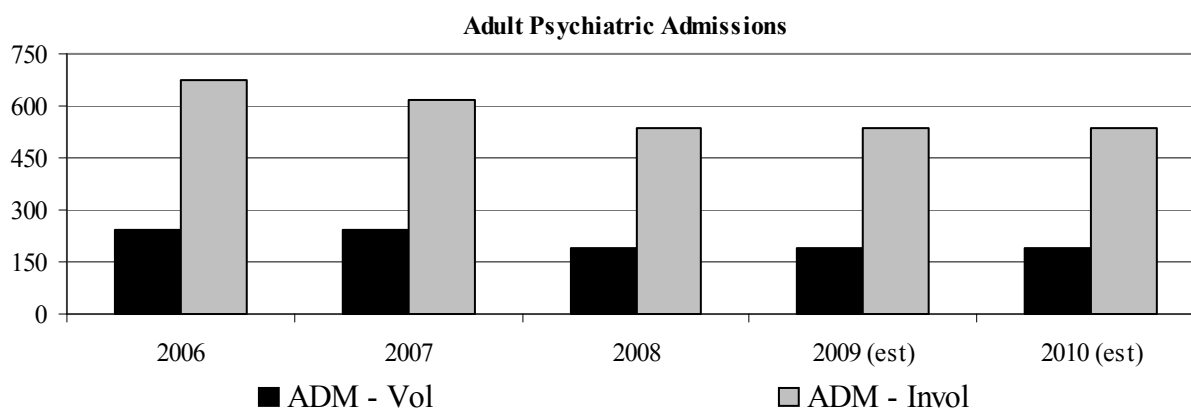
Adult Psychiatric Services

The inpatient programs are designed to stabilize and treat the most severely mentally ill patients in Iowa, the majority of whom have been committed to the MHIs through the court system. In SFY 2008, 74.0% of adult patients were involuntarily admitted. The MHIs have had to periodically maintain waiting lists.

Number of Beds in SFY 2009

Program	Cherokee	Clarinda	Independence	Mount Pleasant	Total
Adult Psychiatric	46	20	40	14	120
Adolescent Psych.	6		10		16
Child Psychiatric	6		15		21
Geropsychiatric		35			35
Substance Abuse				50	50
Dual Diagnosis				15	15
PMIC			30		30
Total	58	55	95	79	287

The MHIs currently have the capacity to provide adult psychiatric services through 120 inpatient beds. In SFY 2001, Iowa had 13.8 beds per 100,000 population (excluding the PMIC program), placing the state 31st in the nation in the number of psychiatric per 100,000 population. National rankings from 2004-2005 place Iowa at 47th in the nation with 8.1 beds per 100,000 population. Although national rankings have not been calculated since that time, the number of beds in Iowa has dropped sharply, down to an estimated 5.8 beds per 100,000 in SFY 2007.

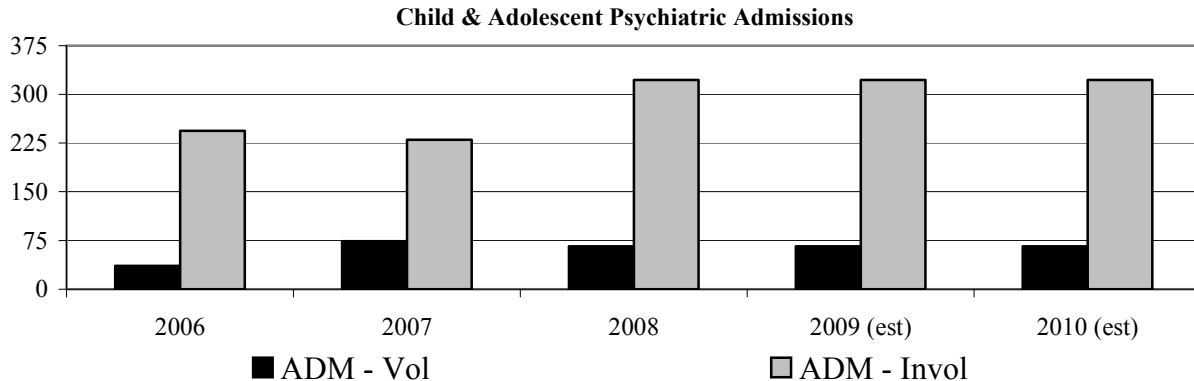


In SFY 2008, adult psychiatric and dual diagnosis patients were discharged to the following settings:

Live with relative / family / friend	356	42 %
Live alone	141	16 %
Nursing home	125	15 %
County care facility	113	13 %
Halfway house / group home	56	7 %
Other State institution	20	2 %
ICF/MR (other than DHS)	18	2 %
Other	19	2 %
Supervised apartment / boarding / other unlicensed res.	7	1 %
Total	855	100%

Inpatient Psychiatric Services for Children and Adolescents

The MHIs currently have the capacity to provide child and adolescent psychiatric services through 37 inpatient beds. Approximately 83.0% of children and adolescent patients were involuntarily admitted in SFY 2008.



Note:

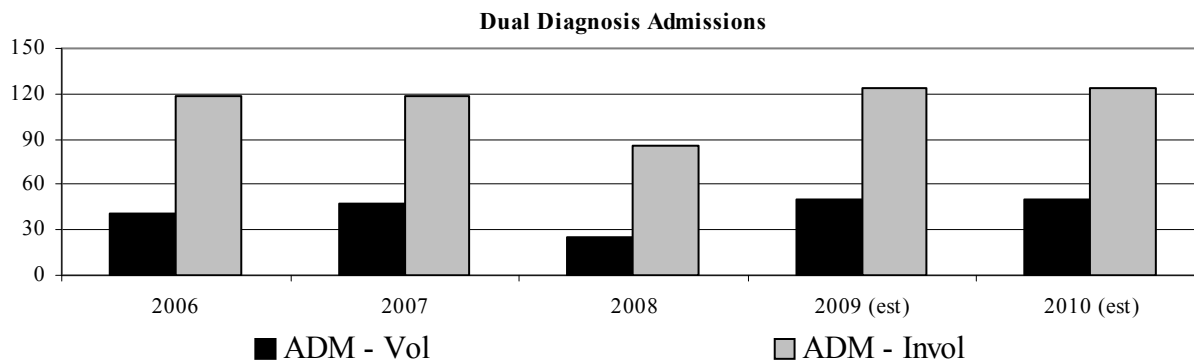
The increase in child and adolescent admissions from SFY 2007 to SFY 2008 is a result of a change in the way the Department counts admissions. Specifically, the Independence MHI's child and adolescent programs often transfer patients no longer needing acute psychiatric treatment to their PMIC units. Beginning in SFY 2008, the Department now calculates these transfers out of the program as discharges to the child or adolescent program. There is a corresponding increase in the number of admissions as the Department now calculates these transfers out of the PMIC program as a discharge.

In SFY 2008, children and adolescents were discharged to the following settings:

Live with relative / family	203	53 %
Independence PMIC program	123	32 %
Group home	46	12 %
Foster home	12	3 %
Other State institution	3	1 %
Total	387	100%

Dual Diagnosis Services

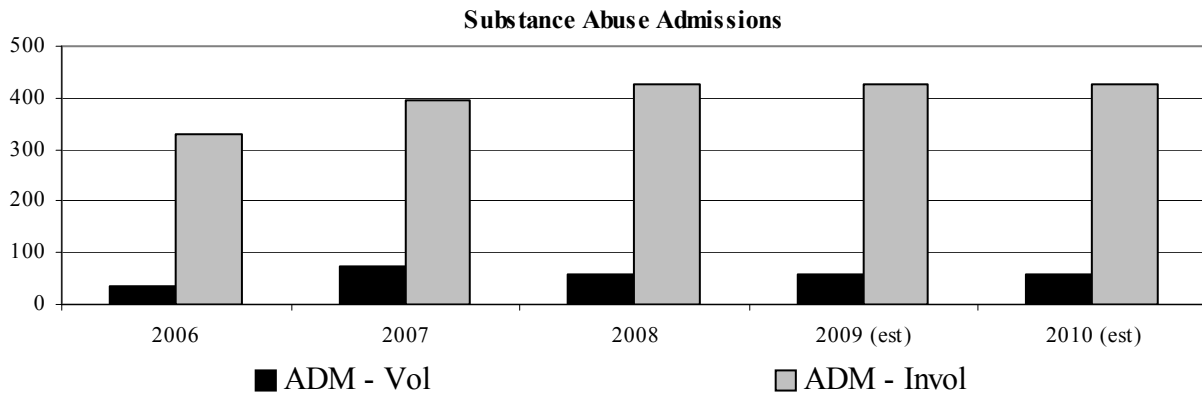
The 15-bed Dual Diagnosis Unit is a unique program structured to integrate both psychiatric and substance abuse treatment services. Approximately 72.3% of the patients were involuntarily admitted in SFY 2008.



In SFY 2008, the decrease in the Dual Diagnosis admissions occurred during a six-month period when the number of operational beds was temporarily reduced from fifteen to eight. This reduction was necessitated by a required infrastructure update to ensure ongoing regulatory compliance.

Substance Abuse Services

The substance abuse treatment program at the Mount Pleasant Mental Health Institute is a primary resource for court-ordered treatment and for offenders in the Community Based Correctional system. During SFY 2007, 20 additional substance abuse beds were added at Mount Pleasant, bringing the total number of substance abuse beds to 50. Approximately 88.2% of the patients were involuntarily admitted in SFY 2008.



In SFY 2008, substance abuse admissions were discharged to the following settings:

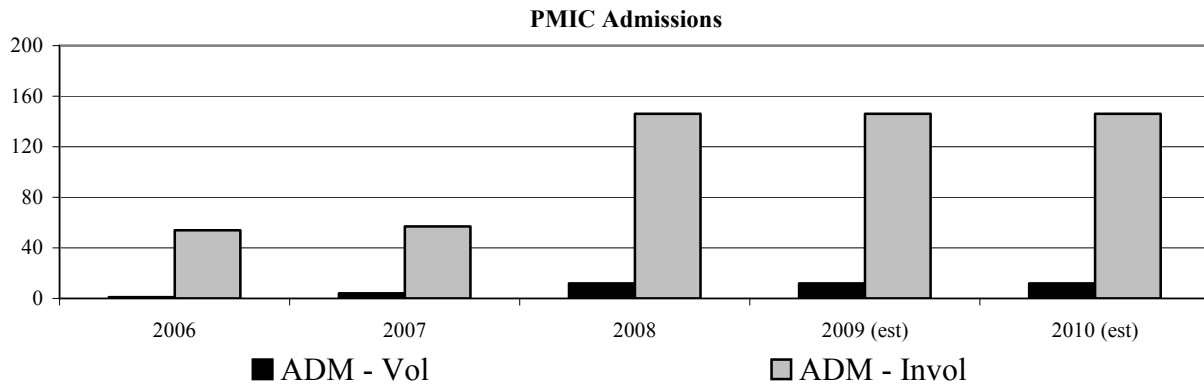
Other	228	48 %
Live with relative / family / friend	160	33 %
Halfway house / group home	71	15 %
Live alone	19	4 %
Total	478	100%

Geropsychiatric Services

The geropsychiatric program at the Clarinda Mental Health Institute is the only State facility serving this population group. All of the individuals served in this 35-bed unit have a serious cognitive loss or dementia and approximately 94% exhibit significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care. The Clarinda Mental Health Institute will be establishing an Alzheimer's patient mobile consultation and assessment program. Approximately 77.8% of the patients were involuntarily admitted in SFY 2008.

Psychiatric Medical Institute for Children (PMIC) Services

The Independence Mental Health Institute's PMIC unit was established to provide additional sub-acute care capacity in Iowa and to serve children whose needs were unmet by community-based providers. Entry to this program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo when there is no community PMIC that is willing to accept the child. There are 476 community-based licensed PMIC beds throughout the State. Approximately 92.4% of the children/adolescents were involuntarily admitted in SFY 2008.



Note:

The increase in PMIC admissions from SFY 2007 to SFY 2008 is a result of a change in the way the Department counts admissions. Specifically, the Independence MHI's PMIC program often transfers patients requiring acute psychiatric treatment from their PMIC unit to the child or adolescent program. Beginning in SFY 2008, the Department now calculates these transfers out of PMIC as discharges from the PMIC program. There is a corresponding increase in the number of admissions as the Department now calculates these transfers into the child or adolescent programs as admissions.

In SFY 2008, children served by the PMIC program were discharged to the following settings:

Independence child / adolescent program	85	52 %
Live with relative / family	37	22 %
Other State institution	28	17 %
Group home	7	4 %
Foster home	4	3 %
Child care facility / other	2	1 %
Total	163	100%

Physician Assistant (PA) Program

This offer includes funding that, augmented by fees for service and other participant funding, continues the physician assistant (PA) post-graduate training in psychiatry at the Cherokee Mental Health Institute. The residency program is a one-year program that provides didactic and clinical training to three licensed physician assistants. Advanced Registered Nurse Practitioners (ARNP) enrolled in post-graduate mental health curricula may also be supervised for clinical rotations required by their university. This program is aimed at alleviating the psychiatry shortage in rural Iowa.

In SFY 2008, the Cherokee Mental Health Institute graduated three PA's; all of whom now practice in Iowa. Cherokee further enrolled one student in the PA program, and another student in the ARNP training program. As of August 2008, there are now two PA's in the program, one ARNP in their second year of training, and two additional ARNP's are expected to start within the month. Cherokee arranges for students to work on an outpatient basis in underserved areas as part of the training program in order to assist in arranging for ongoing employment in these areas following graduation from the program.

How:

The MHIs have a total of 724.24 staff (FTEs) in SFY 2009 with salaries of approximately \$49.8 million.

Each facility receives support from staff in General Administration. The General Administration staff provides support to the facilities in the areas of policy development, budget oversight and support, performance oversight, and infrastructure improvement.

Offer Description:**Today's Activities and Results:**

This offer provides an estimated 2,100 persons access to high-quality inpatient mental health and/or substance abuse treatment services in the State of Iowa. Iowa's four MHIs provide critical access to quality mental health care for low-income children and adults. The MHIs serve both voluntarily and involuntarily admitted persons; a majority of the patients have been committed through the court system.

Both Cherokee and Independence MHIs are currently accredited by The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations). Clarinda and Mount Pleasant MHIs are pursuing accreditation.

The MHIs provide a variety of behavioral care programs:

- Acute psychiatric care – All four facilities offer this service for voluntarily and involuntarily admitted adult patients. There are 120 adult acute psychiatric beds. The Cherokee and Independence Mental Health Institutes also offer acute psychiatric services to children and adolescents through 37 inpatient beds. Based on August 2008 data, the MHIs constitute approximately 27.4% of the 755 in-patient psychiatric beds in the state.
- Acute services for people with a dual diagnosis of substance abuse and mental illness – the Mount Pleasant Mental Health Institute offers this service in a unit with 15 dual diagnosis beds.
- Substance abuse treatment services in a 50-bed unit in the Iowa Residential Treatment Center (IRTC) at the Mount Pleasant Mental Health Institute. This program is a 30-day treatment model and has approximately 20% of the total number of residential substance abuse treatment beds in Iowa.
- Geropsychiatric services for elderly people with a serious mental illness in a 35-bed long-term care unit at the Clarinda Mental Health Institute.
- The Clarinda Mental Health Institute will be establishing an Alzheimer's patient mobile consultation and assessment program
- Sub-acute care in a Psychiatric Medical Institute for Children (PMIC) level of care in a 30-bed unit located at the Independence Mental Health Institute.

Average Readmissions by Program within 30 days of Discharge

Program	Rate
Adult Psychiatric, Substance Abuse, & Dual Diagnosis	5.07 %
Child & Adolescent Psychiatric	1.96 %
PMIC	2.80 %

Improved Results Activities:

The Department continues to focus on improving service delivery. However, beyond the offer request to maintain quality services to the estimated 2,100 individuals, the Department is not seeking funding for additional activities.

Offer Justification:**Legal Requirements:**

The Mental Health Institute facilities are required by Chapter 226 of the Code of Iowa to provide one or more of the following services: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition, the MHIs are required by Chapter 812 of the Code of Iowa to provide evaluation and treatment for people who have committed a crime and have been committed to DHS to determine competency to stand trial, if they do not qualify for pre-trial release or are unable to seek evaluation and treatment on their own.

Rationale:

All MHIs offer consultation services to community-based mental health providers to facilitate less restrictive community-based placement of patients. To further reduce the number of beds would deny critical appropriate care and significantly limit Iowans' access to acute psychiatric, residential substance abuse, and other behavioral treatment services.

There is an MHI in each quadrant of the State, which assures critical accessibility for adult psychiatric services. A reduction in funding would adversely affect both the availability and quality of health care providers at the facilities, as reductions might result in the elimination of personnel that are critical to the ongoing success of the institutions.

Results:

Result:	SFY 2008 Actual Level	SFY 2009 Projected Level	SFY 2010 Offer Level
% of clients showing improvement in ability to function as evidenced by an increase in the Global Assessment of Functioning (GAF) score	97.7 %	97.8 %	97.9 %
% of adult clients who remain in the community for at least 30 days following MHI discharge	92.8%	93.0 %	93.2 %
% of substance abuse clients who successfully complete / receive maximum benefits from the program	85.5 %	85.6 %	85.7 %

These results assume the level of funding requested in the offer in all appropriations as well as full funding of salary adjustment. Full funding ensures that all four facilities will continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal Centers for Medicaid and Medicare Services (CMS). If funding is insufficient in either area, results to be achieved will be modified to reflect the impact.